

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>002308</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/07/2012</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WALGREENS INFUSION SERVICES</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1829 E SPRING ST<br/>NEW ALBANY, IN 47150</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| N 000  | <p>Initial Comments</p> <p>The visit was for home a health state re-licensure survey.</p> <p>Survey dates: 11/7/12</p> <p>Facility # 002308</p> <p>Survey Team: Dawn Snider, R.N. PHNS</p> <p>Compliance with 410 IAC Article 17 was unable to be determined related to:</p> <p>On 11/7/12 at 10:30 AM, the surveyor entered the 2 story office building at the address of the agency and located the office door to the agency. A sign "Walgreen's Home Care, Suite#104" was present on the left side of the door. The surveyor knocked on the door several times to no response. The corner edge of some type of mail or similar correspondence was visible under the door. At 10:50 AM, the surveyor called the phone number listed on the Indiana State Department of Health (ISDH) pre-survey form for Walgreen's Infusion Services. A recording was received that stated, "This number is no longer in service or has been disconnected." The surveyor notified the quality assurance (QA) staff at ISDH and was instructed to leave the agency if no one was there. During the conversation with the QA staff, the surveyor saw an individual upstairs, interrupted the call, and spoke with him. The person was one of the owners of the building. The surveyor inquired if he had another phone number for the office of Walgreen's Home Care. The owner stated, "They are never there." He indicated his secretary might have another phone number. The surveyor spoke with the secretary who indicated the number she had was for accounts receivable at Walgreen's and that I</p> | N 000   |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| N 000  | <p>Continued From page 1</p> <p>would need a vendor number before they would talk with me.</p> <p>At 11:00 AM, the surveyor again knocked on the office door of Walgreen's Home Care. There was no response. The surveyor returned to her car, called the phone number listed on the pre-survey information again, and received the recording as before.</p> <p>At 11:10 AM, the acute care supervisor and QA staff were informed the surveyor left the agency.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>November 8, 2012</p> | N 000   |  |  |